

SECTION 1: INFANT MENU—AGES BIRTH THROUGH 3 MONTHS

PARENTS-- PLEASE COMPLETE SECTION 1 ONLY

MONTH OF: _____

NAME: _____

AGE/BIRTHDATE: _____

FOOD STAGE: NA

FORMULA: _____

PARENT SIGNATURE/DATE: _____

Parents must provide the following when participating in CYS programs Child & Adult Care Food Program (CACFP):

1. Signed & dated "Statement of Participation/Non-participation in CACFP infant feeding program."
2. **Four cleaned, sanitized bottles & nipples labeled w/name & dated (Daily).** If participating in center supplied Formula program, staff will fill bottles with the amount of Formula described below.
3. Human milk or other Formula supplied by parent will be supplied in a minimum of 3 bottles daily with 4-6 oz. for each meal. **Bottles must be labeled and dated with child's name and date of preparation.** Please Note: Unused expressed human milk shall be discarded after 48 hours if refrigerated, or by 3 months if frozen, and stored in a deep freeze at 0 degrees F. Unused frozen human milk which has been thawed in refrigerator shall be used with 24 hours. A bottle that has been fed over a period that exceeds an hour from the beginning of the feeding or has been un-refrigerated an hour or more shall not be served to an infant.

Source: AAP: Caring for Our Children, pg. 159

SECTION 2: TO BE COMPLETED BY CLASSROOM STAFF DAILY & POSTED

Week of ____/____/____

Week of ____/____/____

Week of ____/____/____

Week of ____/____/____

Week of ____/____/____

Week of ____/____/____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
B R E A K F A S T	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs	Formula 4-6 ozs	Formula 4-6 ozs
L U N C H	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.
S N A C K	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.

SECTION 1: INFANT MENU— AGES 4 MONTHS THRU 7 MONTHS

PARENTS-- PLEASE COMPLETE SECTION 1 ONLY

MONTH OF: _____

NAME: _____

AGE/BIRTHDATE: _____

FOOD STAGE: (CIRCLE ONE) 1 2 3

FORMULA: _____

PARENTS: Please circle all foods your child may have this month. Your child care provider will complete the bottom section of this form on a daily basis of what food was provided.

Cereals:	Rice	Mixed Grain	Oatmeal			
Fruit:	Applesauce	Peaches	Pears	Banana	Apricots	
Vegetables:	Green beans	Carrots	Spinach	Squash	Sweet potatoes	Peas

PARENT SIGNATURE/DATE: _____

Parents must provide the following when participating in CYS programs Child & Adult Care Food Program (CACFP):

1. Signed & dated "Statement of Participation/Non-participation in CACFP infant feeding program."
2. Four cleaned, sanitized bottles & nipples labeled w/name & dated (Daily). If participating in center supplied Formula program, staff will fill bottles with the amount of Formula described below.

SECTION 2: TO BE COMPLETED BY CLASSROOM STAFF DAILY & POSTED

Week of: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
B R E A K F A S T	Formula 4-6 ozs. Cereal 0-3 Tbsp (circle one) Rice Mixed Grain Oatmeal	Formula 4-6 ozs. Cereal 0-3 Tbsp (circle one) Rice Mixed Grain Oatmeal	Formula 4-6 ozs. Cereal 0-3 Tbsp (circle one) Rice Mixed Grain Oatmeal	Formula 4-6 ozs. Cereal 0-3 Tbsp (circle one) Rice Mixed Grain Oatmeal	Formula 4-6 ozs. Cereal 0-3 Tbsp (circle one) Rice Mixed Grain Oatmeal
L U N C H	Formula 4-6 ozs. Cereal 0-3 Tbsp. (optional-circle one) Rice Mixed Grain Oatmeal Fruit and/or Vegetables 0-3 Tbsp. (optional-circle one) Applesauce Peaches Pears Banana Apricot Greenbeans carrots Spinach squash Sweet potatoes peas	Formula 4-6 ozs. Cereal 0-3 Tbsp. (optional-circle one) Rice Mixed Grain Oatmeal Fruit and/or Vegetables 0-3 Tbsp. (optional-circle one) Applesauce Peaches Pears Banana Apricot Greenbeans carrots Spinach squash Sweet potatoes peas	Formula 4-6 ozs. Cereal 0-3 Tbsp. (optional-circle one) Rice Mixed Grain Oatmeal Fruit and/or Vegetables 0-3 Tbsp. (optional-circle one) Applesauce Peaches Pears Banana Apricot Greenbeans carrots Spinach squash Sweet potatoes peas	Formula 4-6 ozs. Cereal 0-3 Tbsp. (optional-circle one) Rice Mixed Grain Oatmeal Fruit and/or Vegetables 0-3 Tbsp. (optional-circle one) Applesauce Peaches Pears Banana Apricot Greenbeans carrots Spinach squash Sweet potatoes peas	Formula 4-6 ozs. Cereal 0-3 Tbsp. (optional-circle one) Rice Mixed Grain Oatmeal Fruit and/or Vegetables 0-3 Tbsp. (optional-circle one) Applesauce Peaches Pears Banana Apricot Greenbeans carrots Spinach squash Sweet potatoes peas
S N A C K	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.	Formula 4-6 ozs.

Please Note: The following age guide is suggested but will be adjusted for each individual child & parental input. Introduction of: spoon feeding; 4 months, cup; 6 months, strained/mashed food; 6 months, finger foods; 8 months, 100% juice from cup only 6 months+

SECTION 1: INFANT MENU— AGES 8 MONTHS THRU 11 MONTHS

PARENTS-- PLEASE COMPLETE SECTION 1 ONLY

MONTH OF: _____

NAME: _____

AGE/BIRTHDATE: _____

FOOD STAGE: (CIRCLE ONE) 1 2 3

FORMULA: _____

PARENTS: Please circle all foods your child may have this month. Your child care provider will complete the bottom section of this form on a daily basis of what food was provided.

Cereals:	Rice	Mixed Grain	Oatmeal			
Fruit:	Applesauce	Peaches	Pears	Banana	Apricots	
Vegetables:	Green beans	Carrots	Spinach	Squash	Sweet potatoes	Peas
Meats:	Turkey	Beef	Chicken			
Breads:	plain crackers	toast	teething biscuit		Other: _____	

PARENT SIGNATURE/DATE: _____

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2. Four cleaned, sanitized bottles & nipples labeled w/name & dated (Daily). If participating in center supplied Formula program, staff will fill bottles with the amount of Formula described below.
3. Parents can circle items on center menu's to be introduced to their child at this age. This may be a supplement to or a substitute for the item required as long as it meets the food requirement.

SECTION 2: TO BE COMPLETED BY STAFF DAILY & POSTED

Week of: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
B R E A K F A S T	Formula 6-8 ozs. Cereal 2-4 Tbsp (circle one) Rice-Mixed Grain-Oatmeal Fruit 1-4 Tbsp (circle one) Applesauce-peaches-pears Bananas-apricots	Formula 6-8 ozs. Cereal 2-4 Tbsp (circle one) Rice-Mixed Grain-Oatmeal Fruit 1-4 Tbsp (circle one) Applesauce-peaches-pears Bananas-apricots	Formula 6-8 ozs. Cereal 2-4 Tbsp (circle one) Rice-Mixed Grain-Oatmeal Fruit 1-4 Tbsp (circle one) Applesauce-peaches-pears Bananas-apricots	Formula 6-8 ozs. Cereal 2-4 Tbsp (circle one) Rice-Mixed Grain-Oatmeal Fruit 1-4 Tbsp (circle one) Applesauce-peaches-pears Bananas-apricots	Formula 6-8 ozs. Cereal 2-4 Tbsp (circle one) Rice-Mixed Grain-Oatmeal Fruit 1-4 Tbsp (circle one) Applesauce-peaches-pears Bananas-apricots
L U N C H	Formula 6-8 ozs. Fruit 1-4 Tbsp (circle one) Applesauce Peaches Pears Banana Apricot <hr/> Vegetables 1-4 Tbsp (circle one) Greenbeans carrots Spinach squash Sweet potatoes peas Meat 1-4 Tbsp (circle one) Beef chicken turkey	Formula 6-8 ozs. Fruit 1-4 Tbsp (circle one) Applesauce Peaches Pears Banana Apricot <hr/> Vegetables 1-4 Tbsp (circle one) Greenbeans carrots Spinach squash Sweet potatoes peas Meat 1-4 Tbsp (circle one) Beef chicken turkey	Formula 6-8 ozs. Fruit 1-4 Tbsp (circle one) Applesauce Peaches Pears Banana Apricot <hr/> Vegetables 1-4 Tbsp (circle one) Greenbeans carrots Spinach squash Sweet potatoes peas Meat 1-4 Tbsp (circle one) Beef chicken turkey	Formula 6-8 ozs. Fruit 1-4 Tbsp (circle one) Applesauce Peaches Pears Banana Apricot <hr/> Vegetables 1-4 Tbsp (circle one) Greenbeans carrots Spinach squash Sweet potatoes peas Meat 1-4 Tbsp (circle one) Beef chicken turkey	Formula 6-8 ozs. Fruit 1-4 Tbsp (circle one) Applesauce Peaches Pears Banana Apricot <hr/> Vegetables 1-4 Tbsp (circle one) Greenbeans carrots Spinach squash Sweet potatoes peas Meat 1-4 Tbsp (circle one) Beef chicken turkey
S N A C K	Formula 2-4 ozs. Bread 0-1/2 slice or crackers 0-2	Formula 2-4 ozs. Bread 0-1/2 slice or crackers 0-2	Formula 2-4 ozs. Bread 0-1/2 slice or crackers 0-2	Formula 2-4 ozs. Bread 0-1/2 slice or crackers 0-2	Formula 2-4 ozs. Bread 0-1/2 slice or crackers 0-2

Please Note: The following age guide is suggested but will be adjusted for each individual child & parental input. 8 months+: introduction to cheese, toast, plain crackers, teething biscuits, egg yolks,

PARENTS OF INFANTS AGE 8-11 MONTHS:

Please circle all items you wish your child to be introduced to on the menu's attached for this month and attach with your child's monthly meal plan. The items may be substituted for or in addition to the infant food if it meets the food requirement and your child is developmentally ready.

Please sign and date each week and attach to your child's monthly meal plan.

CHILD'S NAME: _____

MONTH OF: _____

PARENTS SIGNATURE/DATE: _____